

Screening for Experiences and Strengths (SEAS)

Ages 0-6

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, and Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth only when following the agency's confidentiality policies and applicable mandated reporter requirements.



For more information on Virginia Heals, please visit our website: <http://virginiaheals.com/>

Screening for Experiences and Strengths (SEAS)

Ages 0-6

AGENCY NAME: _____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM

Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
CHILD'S AGE (in years): _____	RACE/ETHNICITY (Check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____	CAREGIVER'S PREFERRED LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
CHILD'S GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary		

SCREENING			
<i>These questions should be addressed to the parent/caregiver, who will answer in terms of their concern for the child. The child may or may not be present and may or may not contribute to the responses.</i>			
Who is answering these questions? <input type="checkbox"/> Child/Youth <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Both			
Was parent or caregiver present during the session? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the parent or caregiver a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section (Part B) in the screening tool is to develop trust with your client. You do NOT need to write down or record their answers to these questions.			
Part C. Identifying Victimization. We are interested in learning about the child's life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people the child knows and loves. I am going to ask you some questions today to find out if any scary or upsetting things have happened to your child. If you feel uncomfortable answering these questions, you can also tell me you want to stop. The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'skip'. <i>£ Check if you read the statement above.</i>			
Item	FOLLOW-UP QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If any responses are YES, ask "has it has occurred from a caregiver/family member?"	Answer Choices: S = Skip 0 = No 1 = Yes 2 = Yes within 30 days	Answer Choices: Perpetrated by Caregiver/ Family Member? (0 = No; 1 = Yes)
1. Has the child ever been in a place where they saw or heard:			
a.	Physical fighting between neighbors or people at school?		
b.	Physical violence, including domestic violence?		
c.	Gun shots? (where the child may have been in danger)		
d.	Robbery? (taking or stealing something by force)		
2. Has anyone ever:			
a.	Used a weapon against the child?		
b.	Used a weapon against anyone else in the child's presence?		
c.	Kept food or medicine from the child that they needed?		
d.	Threatened to hurt the child or someone they care about?		
e.	Teased, bullied or harassed the child?		
f.	Pushed, slapped, thrown something at or hurt the child in some way?		
g.	Taken sexual pictures or videos of the child?		
h.	Touched the child's private parts with any part of their body?		
i.	Asked or forced the child to touch their private parts?		
j.	Offered to exchange money, food, or other things for sexual acts with the child?		
Total Score:			
<i>(If total score equals ZERO, skip Part D. Go directly to Part E.)</i>			

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Ages 0-6

Part D. Reactions to Possible Victimization. Please tell us how often the child has reported (or you have observed) any of the following behaviors, feelings, etc. *as a result of the experiences you just described.*

Item	SCREENING QUESTIONS:	Answer Choices: Skip Never Rarely Sometimes Often Always
3.	Based on what you just told me, how often has the child:	
a.	Had trouble concentrating?	
b.	Had trouble sleeping?	
c.	Felt on guard for danger?	
d.	Felt depressed or down?	
e.	Felt irritable, with angry outbursts or aggressive behavior?	
f.	Had a loss of appetite or wanted to eat more than usual?	
g.	Isolated themselves from others more than usual?	
h.	Experienced any language delay?	
i.	Displayed any regression of newly learned skills and/or behaviors?	
4.	How often have any of these issues made the child's life difficult:	
a.	At school?	
b.	At home?	
c.	In relationships?	
		Answer Choices: Skip No Yes
5.	Has the child ever:	
a.	Tried to hurt themselves?*	
b.	Tried to hurt others?*	
c.	Said that they wanted to end their life?*	

Part E. Protective Factors. A positive mindset and external support can help children navigate through difficult situations. Please tell us more about the support systems available to the child.

		Answer Choices: Skip No Yes N/A
6.	Does the child have a strong support system from:	
a.	Parents/Caregivers?	
b.	Extended family?	
c.	Friends or their families?	
d.	Teachers, coaches or other adults at school?	
e.	Mentor?	
f.	Church, mosque, or temple?	

* Denotes the need to provide immediate intervention based on your agency's crisis response protocol.

Note:
Instructions on this screening tool do not supersede your duties if you are a mandated reporter in the Commonwealth of Virginia.

Screening for Experiences and Strengths (SEAS)

Ages 0-6

SCREENING FOR EXPERIENCES AND STRENGTHS SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:	Part C, w/in 30 days:	Part C, perpetrated by parent/caregiver:
Part D, # of questions answered with <i>Often</i> or <i>Always</i> :		Part D, # of questions answered with <i>Yes</i> :

PART C:

1. If a total score is one (1) or more and additional interventions or services are indicated, follow standard agency practices or consult the Virginia HEALS Referral and Response Protocol.
2. If any events occurred in the last 30 days **AND/OR** a caregiver is indicated as the perpetrator, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

PART D:

3. If there is an “Often” or “Always” response to any question in Part D, items 3 or 4, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.
4. If there is a “Yes” response to any question in Part D, item 5, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

FOLLOW-UP/NEXT STEPS		
£	No Interventions Needed	
£	Interventions provided by Agency	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Educational Material <input type="checkbox"/> Mentoring <input type="checkbox"/> Counseling Services <input type="checkbox"/> Other (specify):
£	Signed Release of Information/ Authorization to Disclose	
£	Referral for additional services or interventions	Date: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Referred to:		

Comments: _____

Screening for Experiences and Strengths (SEAS)

Ages 7-12

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, and Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth only when following the agency's confidentiality policies and applicable mandated reporter requirements.



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Screening for Experiences and Strengths (SEAS)

Ages 7-12

Part A: Demographic Information

AGENCY NAME: _____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM

Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
AGE (in years): _____	RACE/ETHNICITY (Check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____	PREFERRED LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary		

SCREENING			
<i>These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver, who answers in terms of their concerns for the child.</i>			
Who is answering these questions? <input type="checkbox"/> Child/Youth <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Both			
Was parent or caregiver present during the session? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the child or youth a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section in the screening tool is to develop trust. You do NOT need to write down or record their answers to these questions.			
Part C. Identifying Victimization. We are interested in learning about your life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people you know and love. I am going to ask you some questions today to find out if any scary or upsetting things have happened to you. If you feel uncomfortable answering these questions, you can also tell me you want to stop. The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'skip'. <i>£ Check if you read the statement above.</i>			
Item	FOLLOW-UP QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If any responses are YES, ask "has it occurred from a caregiver/family member?"	Answer Choices: S = Skip 0 = No 1 = Yes 2 = Yes within 30 days	Answer Choices: Perpetrated by Caregiver/ Family Member? (0 = No; 1 = Yes)
1.	Have you ever been in a place where you saw or heard:		
a.	Physical fighting between neighbors or people at school?		
b.	Physical fighting between family members?		
c.	Gun shots? (where you may have been in danger)		
d.	Someone taking or stealing something by force?		
2.	Has anyone ever:		
a.	Used a gun, knife, or other weapon against you?		
b.	Used a gun, knife, or any other weapon against anyone else you were hanging out with?		
c.	Kept food or medicine from you that you needed?		
d.	Said that they would hurt you or someone you care about?		
e.	Teased, bullied or harassed you in person or online?		
f.	Pushed, slapped, thrown something at or hurt you in some way?		
g.	Taken pictures or videos of you naked?		
h.	Touched your private parts with any part of their body?		
i.	Asked or forced you to touch their private parts with any part of your body?		

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Ages 7-12

j.	Offered to give you money, food or other things for them to touch or see your private parts or for you to touch or see theirs?		
Total Score:			
<i>(If total score equals ZERO, skip Part D. Go directly to Part E.)</i>			

Part D. Reactions to Possible Victimization. The events listed above can be difficult to handle. Please tell us how often you have experienced any of the following feelings as a result of the experiences you just described and to what degree these feelings have impacted the way you deal with life.

Item	SCREENING QUESTIONS:	Answer Choices: Skip Never Rarely Sometimes Often Always
3.	Based on what you just told me, how often have you:	
a.	Had a hard time paying attention or concentrating?	
b.	Had trouble sleeping/soothing?	
c.	Felt on the lookout for danger?	
d.	Felt sad or down?	
e.	Felt upset, like you wanted to scream or hit someone?	
f.	Not wanted to eat or wanted to eat more than usual?	
g.	Found yourself wanting to be left alone more than usual?	
h.	Used drugs or alcohol?	
4.	How often have any of these issues made your life difficult:	
a.	At school?	
b.	At home?	
c.	With others?	
		Answer Choices: Skip No Yes
5.	Have you ever:	
a.	Tried to hurt yourself?*	
b.	Tried to hurt others?*	
c.	Felt like you wanted to stop living?*	

Part E. Protective Factors. Sometimes people around us can help us when we feel sad, upset, or having a problem. Please tell us more about which people in your life help and support you.

		Answer Choices: Skip No Yes N/A
6.	Do you feel strong support from:	
a.	Parents or the people who take care of you?	
b.	Extended family? Aunts, uncles, cousins, etc.?	
c.	Friends or their families?	
d.	Teachers, coaches or other adults at school?	
e.	Mentor or someone who teaches you new things?	
f.	Church, mosque, or temple?	

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Screening for Experiences and Strengths (SEAS)

Ages 7-12

Note:

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SCREENING FOR EXPERIENCES AND STRENGTHS SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:	Part C, w/in 30 days:	Part C, perpetrated by parent/caregiver:
Part D, # of questions answered with <i>Often</i> or <i>Always</i> :		Part D, # of questions answered with <i>Yes</i> :

PART C:

1. If a total score is one (1) or more and additional interventions or services are indicated, follow standard agency practices or consult the Virginia HEALS Referral and Response Protocol.
2. If any events occurred in the last 30 days **AND/OR** a caregiver is indicated as the perpetrator, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

PART D:

3. If there is an “Often” or “Always” response to any question in Part D, items 3 or 4, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.
4. If there is a “Yes” response to any question in Part D, item 5, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

FOLLOW-UP/NEXT STEPS			
£	No Interventions Needed		
£	Interventions provided by Agency	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Educational Material <input type="checkbox"/> Mentoring <input type="checkbox"/> Counseling Services <input type="checkbox"/> Other (specify):	
£	Signed Release of Information/ Authorization to Disclose		
£	Referral for additional services or interventions	Date:	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Referred to:			

Comments: _____

Screening for Experiences and Strengths (SEAS)

Ages 13-21

INTERVIEWER FORMAT:

This is an INTERVIEW process; not to be handed directly to the child/youth and/or parent/caregiver.

Purpose: To identify possible victimization, to screen for the adverse impact of victimization, and to identify protective factors.

This tool focuses on self-reported experiences that have not been verified.

Victimization: According to the U.S. Department of Justice, Office for Victims of Crime, the categories of trauma that fit under victimization are as follows: Community Violence, Domestic Violence, School Violence, Emergency, Physical Assault, Sexual Abuse, Physical Abuse, Neglect, Psychological Maltreatment/Emotional Abuse, Sexual Assault/Rape, Kidnapping, Abduction, War/Political Violence, Trafficking, Sexual Exploitation, and Bullying.

Target Population: Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence.

Perpetrated by Family Member/Caregiver: If a child/youth and/or parent/caregiver discloses information about a possible incident, the question of whether it was perpetrated by a family member or caregiver should elicit additional concern for his/her immediate safety and well-being.

Notice of Participation: Participants can opt out of this screening at any time, for any reason stated or unstated and it will not impact the services they are already receiving by the agency conducting this screening.

Confidentiality: The information collected in this screening tool may be shared by the agency administering the tool to other providers who can offer additional services to the child/youth only when following the agency's confidentiality policies and applicable mandated reporter requirements.



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Screening for Experiences and Strengths (SEAS)

Ages 13-21

Part A: Demographic Information

AGENCY NAME: _____ UNIQUE IDENTIFIER: _____ DATE: _____

Time Start: _____ AM PM

Time End: _____ AM PM

DEMOGRAPHIC INFORMATION		
AGE (in years): _____	RACE/ETHNICITY (Check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____	PREFERRED LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Non-Binary		

SCREENING			
<i>These questions should be addressed to the youth/young adult or, for younger or less mature youth, to the parent/caretaker who answers in terms of their concerns for the child.</i>			
Who is answering these questions? <input type="checkbox"/> Child/Youth <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Both			
Was parent or caregiver present during the session? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Part B: Rapport Building. Many of the topics brought up in the screening tool are sensitive topics and often difficult to discuss. For this reason, we strongly encourage that the interviewer ask the child or youth a few informal questions to increase their comfort level with them prior to discussing any forms of victimization. The objective of this section in the screening tool is to develop trust. You do NOT need to write down or record their answers to these questions.			
Part C. Identifying Victimization. We are interested in learning about your life experiences. Sometimes very scary or upsetting things happen to people. These scary or upsetting things may be done by people you know and love. I am going to ask you some questions today to find out if any scary or upsetting things have happened to you. If you feel uncomfortable answering these questions, you can also tell me you want to stop. The information you share with me is completely voluntary. If you do NOT want to answer a question, just say 'skip'. <div style="text-align: center;"><input type="checkbox"/> Check if you read the statement above.</div>			
Item	FOLLOW-UP QUESTIONS: If YES, ask "has it happened in the last 30 days?" If it occurred in the last 30 days, score as 2. If any responses are YES, ask "has it has occurred from a caregiver/family member?"	Answer Choices: S = Skip 0 = No 1 = Yes 2 = Yes within 30 days	Answer Choices: Perpetrated by Caregiver/ Family Member? (0 = No; 1 =Yes)
1.	Have you ever been in a place where you saw or heard:		
a.	Physical fighting between your neighbors or people at school?		
b.	Physical violence, including domestic violence?		
c.	Gun shots? (where you may have been in danger)		
d.	Robbery? (taking or stealing something by force)		
2.	Has anyone ever:		
a.	Used a weapon against you?		
b.	Used a weapon against anyone else in your presence?		
c.	Kept food or medicine from you that you needed?		
d.	Threatened to hurt you or someone you care about?		
e.	Teased, bullied or harassed you in person or online?		
f.	Pushed, slapped, thrown something at or hurt you in some way?		
g.	Forced you to take sexual pictures or videos?		
h.	Asked or made you do anything sexually, including touching and kissing, you didn't want to do?		
i.	Done anything sexual to you when you were under the influence of alcohol or drugs?		

Screening for Experiences and Strengths (SEAS)

Ages 13-21

j.	Offered to exchange money, food, or other things, with you or someone else, to do anything sexually?		
Total Score:			
<i>(If total score equals ZERO, skip Part D. Go directly to Part E.)</i>			

Part D. Reactions to Possible Victimization. The events listed above can be difficult to handle. Please tell us how often you have experienced any of the following feelings as a result of the experiences you just described and to what degree these feelings have impacted the way you deal with life.

Item	SCREENING QUESTIONS:	Answer Choices: Skip Never Rarely Sometimes Often Always
3.	Based on what you just told me, how often have you:	
a.	Had trouble concentrating?	
b.	Had trouble sleeping?	
c.	Felt on guard for danger?	
d.	Felt depressed or down?	
e.	Felt irritable, with angry outbursts or aggressive behavior?	
f.	Had a loss of appetite or wanted to eat more than usual?	
g.	Found yourself isolating yourself from others more than usual?	
h.	Used drugs or alcohol?	
4.	How often have any of these issues made your life difficult:	
a.	At school?	
b.	At home?	
c.	At work?	
d.	In relationships?	
		Answer Choices: Skip No Yes
5.	Have you ever:	
a.	Tried to hurt yourself?*	
b.	Tried to hurt others?*	
c.	Felt like you wanted to end your life?*	

Part E. Protective Factors. A positive mindset and external support can help individuals navigate through difficult situations. Please tell us more about your support systems.

		Answer Choices: Skip No Yes N/A
6.	Do you feel strong support from:	
a.	Parents/Caregivers?	
b.	Extended family?	
c.	Friends or their families?	
d.	Teachers, coaches, or other people at school?	
e.	Mentor?	
f.	Church, mosque, or temple?	

* Denotes the potential need to provide immediate intervention based on your agency's crisis response protocol.

Screening for Experiences and Strengths (SEAS)

Ages 13-21

SCREENING FOR EXPERIENCES AND STRENGTHS SCORING		
Date Administered:	Unique Identifier:	Agency Name:
Part C, Score:	Part C, w/in 30 days:	Part C, perpetrated by parent/caregiver:
Part D, # of questions answered with <i>Often</i> or <i>Always</i> :		Part D, # of questions answered with <i>Yes</i> :

PART C:

1. If a total score is one (1) or more and additional interventions or services are indicated, follow standard agency practices or consult the Virginia HEALS Referral and Response Protocol.
2. If any events occurred in the last 30 days **AND/OR** a caregiver is indicated as the perpetrator, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

PART D:

3. If there is an "Often" or "Always" response to any question in Part D, items 3 or 4, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.
4. If there is a "Yes" response to any question in Part D, item 5, flag as a possible safety concern. Follow agency practices for assessing crisis intervention.

NOTE:

Instructions on this screening tool do not supersede your duties if you are a mandated reporter in the Commonwealth of Virginia.

FOLLOW-UP/NEXT STEPS			
<input type="checkbox"/>	No Interventions Needed		
<input type="checkbox"/>	Interventions provided by Agency	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Educational Material <input type="checkbox"/> Mentoring <input type="checkbox"/> Counseling Services <input type="checkbox"/> Other (specify):	
<input type="checkbox"/>	Signed Release of Information/ Authorization to Disclose		
<input type="checkbox"/>	Referral for additional services or interventions	Date:	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Referred to:			

Comments: _____
